

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM

DIRECTIONS: THE PRESCRIBING PHYSICIAN MUST SIGN AND CLEARLY PRINT NAME (PREPRINTED STAMPS NOT VALID) ON THIS REQUEST. ALL OTHER INFORMATION MAY BE FILLED IN BY OFFICE STAFF AND FAXED TO 757-552-7516 OR 1-800-750-9692. NO ADDITIONAL PHONE CALLS WILL BE NECESSARY IF ALL INFORMATION (INCLUDING PHONE AND FAX #S) ON THIS FORM IS CORRECT.

Drug Name: Recombinant Growth Hormone (rhGH) Code J-2941

- Absolute Contraindications in adults: active malignant disease (incl. Kaposi's sarcoma) or history of cancer, benign intracranial hypertension, proliferative or preproliferative diabetic retinopathy, conditions that may exacerbate weight loss and hypersensitivity to rhGH.
- Relative Contraindications in adults: pregnant or nursing women, patients over 60/65 years of age and disorders associated with edema.

Diagnosis: (Check one)

Pediatric

- Growth Hormone deficiency – primary or acquired
- Growth Hormone neuro-secretory dysfunction

- Chronic renal disease without functioning transplant
- Turner's Syndrome
- Prader Willi Syndrome

****IDIOPATHIC SHORT STATURE AND INTRAUTERINE GROWTH RETARDATION ARE NOT COVERED INDICATIONS****

Name of Requested Growth Hormone: _____

****Medical notes must be submitted to support each line checked on this request****

Please complete below: (ALL lines under the chosen diagnosis must be checked to qualify)

GH deficiency – primary or acquired ** A TRIAL OF TEV-TROPIN IS REQUIRED FOR THIS DIAGNOSIS**

- Pediatric endocrine consultation
- Height < 3rd percentile of normal or 2 standard deviations (SD) below 50th percentile
- Growth velocity <10th percentile of normal after one year of measurements
- Complete medical evaluation that rules out other endocrine conditions or other diseases that can affect normal growth
- Failure to increase serum Human Growth Hormone (HGH) to a level of >10gm/ml after stimulation using two separate provocative agents (arginine, clonidine, glucagon, insulin)
- HGH deficiency due to surgery that removes the pituitary gland (other criteria do not have to be fulfilled)

Chronic Renal Disease (children without functioning transplant)

- Delayed bone age
- Subnormal bone age specific growth rate <25th percentile

Turner's Syndrome

- Growth Failure as evidenced by height < mean by > SD or growth velocity <25% for bone age
- Bone age < 14years

Adult

- Documented GH deficiency, as evidenced by lack of response to at least one standard growth hormone stimulation test
- Appropriate supplementation of other deficient hormones if GH deficiency is secondary to destructive lesions of the pituitary
- Clinical features of GH deficiency including at least ONE of the following:
 - Severely decreased quality of life, as assessed using a validated quality-of-life assessment instrument
 - Bone mineral density (BMD) indicative of significantly increased fracture risk
 - Adverse cardiovascular risk profile, such as would qualify for drug therapy

****Requires Medical Director Approval****

Patient _____ Member Number _____

Physician Name _____ Physician Signature _____ Date _____

Phone Number _____ Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____